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ADDENDUM

to

The Massachusetts Guide To Health Insurance For People With Medicare: GOVERNMENT DOCUMENTS
COLLECTION

FEB 04 1998

University of Massachusetts Depository Copy

Approved Medigap Policies and Medicare HMO Plans

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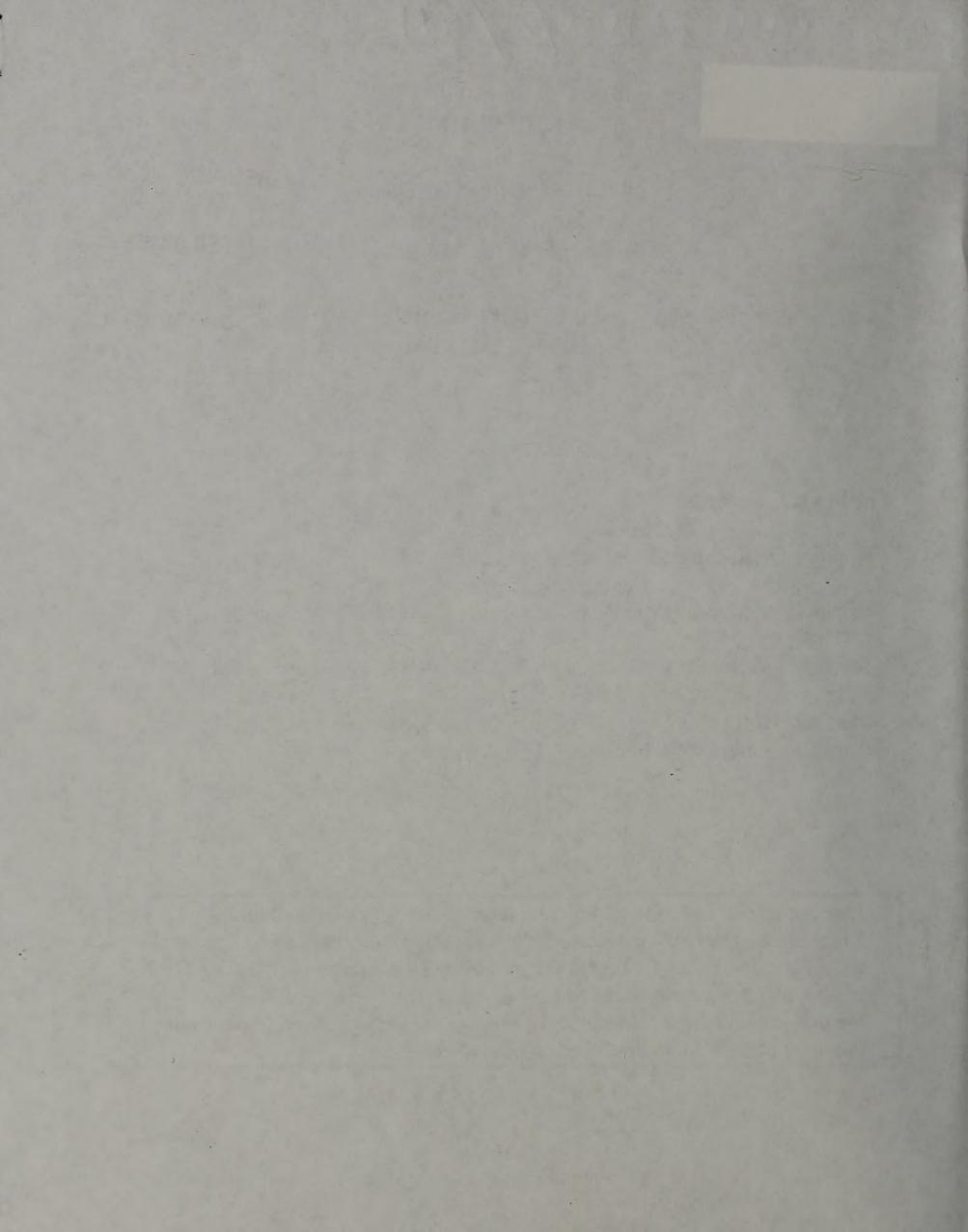
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Medicare HMO Plan Suspended from Offering Medicare
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Please note that rates for qualified Medicare HMO plans offered through a Medicare cost or risk contract with the federal government must be approved by the federal government's Health Care Financing Administration ("HCFA") before the rates are submitted to the Massachusetts Division of Insurance. As of the publication of this Addendum, HCFA has not yet responded regarding the approval of the HMO rates listed on pages 3-6.



Please Note: Rates May Change in 1997 -- Call Company for Updates Approved Medigap Policies for Sale on or after January 1, 1997

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		шу	OIL MENT OIL
		Plan	
	TO A STATE OF THE PARTY OF THE	Plan Name	
Rate	List	Monthly 1	Salan Salan
Benefit	Drug	Prescription	Outpatient
Benefit	Drug	Prescription Mail-Order Mail-Order	Trees as you
Copay	Drug	Mail-Order	

Premium by Geographic Area? No 1997 Open Enrollment Periods: Con Available through associations only? No Premium Discount Program? Yes	1-413-739-7696 (Springfield)	1-508-820-8301 (Framingham)	1-508-759-8901 (Cape Cod)	Chicago, Illinois 60654	222 Merchandise Mart Plaza	Casualty Company	Bankers Life and
No Continuous ? No Yes, when initially eligible	MO COMPANION OF THE PARTY OF TH			Chris		Medicare Supplement 2	Core
NOTE:	CONTROL OF WAY OF Y			Core	The state of the s	Medicare Supplement 2	Core
Premium disco program. Out offered throug				S OUT TAR.		\$157.08	\$53.48
ount for auton patient prescr			-	S ENGINE S	Contractor	Yes	No
NOTE: Premium discount for automatic bank withdrawal program. Outpatient prescription drug benefit is offered through a statewide network of pharmacies				1500	100	No	No
hdrawal nefit is larmacies.		97777	5	No line	1 Support 2	1	-

wind City		Throng	Balana			1 000 200 2220 01 1 01 0 0 0 0 0 0 0 0 0
\$2 Generic \$15 Brand	Yes	Yes	\$182.70	Medex Gold	Medicare Supplement 2 Medex	Boston, MA 02110
1	No	No	\$81.03	Medex Bronze	Medicare Supplement 1 Medex	100 Summer Sreet
-	No	No	\$41.29	Medex Core	Core	Blue Cross & Blue Shield of MA Core

NOTE: Outpatient prescription drug benefit is offered through a statewide network of pharmacies.

- D	Medex Bronz	
Medex Core \$54.76	e and February-March Mede	eligible and

Available through associations only? No

Yes, when initially eligible

Premium by Geographic Area? 1997 Open Enrollment Periods:

When initially

Please Note: Rates May Change in 1997 -- Call Company for Updates Approved Madigap Policies for Sale on or after January 1, 1997

Company	Plan	Plan Name	Monthly List Rate	Outpatient Prescription Mail-Order Drug Drug Drug Benefit Benefit Copay	Mail-Order Drug Benefit	Mail-Order Drug Copay
Insurance Company	Core	Core	\$41.00	No	No	-
	Medicare Supplement 1	Medicare Supplement 1	\$74.00	No	No	1
Hartford, CT 06104-2999 TROA: 1-800-247-2192	Medicare Supplement 2	Medicare Supplement 2 Medicare Supplement 2	\$139.00	Yes	No	
AUSA: 1-800-882-5707	No. of column spirit and other					

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	Premium Discount Program?	Available through associations only? Yes, The Retired Officers Association	1997 Open Enrollment Periods:
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	-	iation (TROA) and Association of the United States Army (AUS.	
-		15	
		5	

Premium by Geographic Area?

No

1-800-523-5800	Allentown, PA 18175-0400	P.O. Box 7000	Prudential - AARP Program
10		Me	Program Core
	Medicare Supplement 2 Medi	Medicare Supplement 1 Medi	ne
-	Medicare Supplement 2	Medicare Supplement 1	Core
	\$173.50	\$89.25	\$47.00
	Yes	No	No
	No	No	No
	1	1	1

OTE:
Premium
discount for
for
automatic bank
withdrawal
program.

Premium by Geographic Area?	No	Rates proposed to be e	ffective in 1997:
1997 Open Enrollment Periods:	Continuous	Supplement 2	\$225.25

Premium Discoun	Available through
t Program?	associations
	only?
No	American
	Association
	of
	×
	Persons
	(AARI

Please Note: Rates Pending Federal Approval and Division of Insurance Review Approved Medicare HMO Plans for Sale on or after January 1, 1997

		HMO
		Plan Name
	Premium	Monthly
	Visit Copay	Office
	Drug Benefit	Outpatient Prescription
The second second	Drug Copay	Outpatient Outpatient Prescription Prescription
	Drug Benefit	Mail-Order Mail-Order
The second second	Drug Copay	Mail-0

Premium by Geographic Area? No	Fallon Community HP, Inc. Senior Saver 10 Chestnut Place Senior Prefer Worcester, MA 01608 1-508-831-0712
Premium by Geographic Area? No Premium by Geographic Area? No \$15 Brand \$15 Brand	Senior Saver Senior Preferred
	\$0.00 \$72.50
	\$ \$
a manhare	No Yes
90-Days: \$6 Generic \$15 Brand	30-Days: \$2 Generic \$5 Brand
	No Yes
90-Days: \$6 Generic \$15 Brand	30-Days: \$2 Generic \$5 Brand

Die Contract with Medicane Diel	Plan Contract with Medicare: KISK
	Plan Contract with Medicare: Kisk

90-Days: \$10 All	STORY OF STREET	90-Days: \$10 All	Supplement States		- Michaelle resilement	The second second	
or		or	- Darbital				1-800-779-7723
\$5 All		\$5 All			7876	CONSTRUCT ON A PARTY OF	Dedham, MA 02026
30-Days:	Yes	30-Days:	Yes	\$5	\$65.00	with drug benefit	3 Allied Drive
	No	2-17	No	\$5	\$0.00	First Seniority	Harvard Pilgrim HC, Inc.

Premium by Geographic Area? No

1997 Open Enrollment Periods Continuous for new members; February/March for existing members changing from non-drug to drug product

Plan Model: Staff and Independent Practice Associations (IPAs)

Plan Contract with Medicare: Ris Premium Discount Program? No

Please Note: Rates Pending Federal Approval and Division of Insurance Review Approved Medicare HMO Plans for Sale care after January 1, 1997

\$10 All		\$10 All				Section 1	
90-Days:	-	90-Days:	-				1-800-835-5522 ext.51406
or	- 100	or	The last of the la			Hedron Swidin	Providence, RI 02903
\$5 All	340	\$5 All	The Sant I			State Selling sold	1 Hoppin Street
30-Days:	Yes	30-Days:	Yes	\$5	\$123.00	with drug benefit	of New England, Inc.
	No	-	No	\$5	\$65.00	Care Plus	Harvard Pilgrim HC
Copay	Benefit	Copay	Benefit	Copay			CALL STANDARD
Drug	Drug	Drug	Drug	Visit	Premium		
Mail-Order	Mail-Order Mail-O	Prescription	Prescription	Office	Monthly	Plan Name	HMO
		Outpatient	Outpatient			No The second	and addressed of national

Premium by Geographic Area? No

1997 Open Enrollment Periods Continuous for new members; February/March for existing members changing from non-drug to drug product

Staff and Independent Practice Associations (IPAs)

Plan Contract with Medicare: Cost

Premium Discount Program?

Premium by Geographic Area? Yes, premium based on where one li	Pilgrim Health Care, Inc. 10 Accord Executive Drive Norwell, MA 02061 1-800-269-9302 Prime 65-Option A Prime 65-Option B
where one lives.	\$0 .00 or \$61.00 \$65.00 or \$126.00
	\$ \$5
	No Yes
90-Days: \$8 Generic \$15 Brand	30-Days: \$3 Generic \$9 Brand
	No Yes
90-Days: \$8 Generic \$15 Brand	30-Days: \$3 Generic \$9 Brand

1997 Open Enrollment Periods Continuous for new members; February/March for existing members changing from non-drug to drug product

Plan Model:

Plan Contract with Medicare: Risk Independent Practice Association (IPA)

Premium Discount Program? No

Please Note: Rates Pending Federal Approval and Division of Insurance Review Approved Redicare HMO Plans for Sale on or after January 1, 1997

		HMO	
		Plan Name	
	Premium	Monthly	
Copay	Visit	Office	
Benefit	Drug	Prescription	Outpatient
Copay	Drug		Outpatient
Benefit	Drug	Prescription Mail-Order Mail-Ord	
Copay	Drug	Mail-Order	

1-800-246-2400	Waltham, MA 02254	333 Wyman Street	Tufts Associated HP
	4	w/Pharmacy Coverage	Secure Horizons
(Cap)		\$65	\$0
		\$5	\$5
		Yes	No
	\$15 Brand	\$8 Generic	-
		Yes	No
	\$8 Brand	\$4 Generic	1

Premium by Geographic Area? No

1997 Open Enrollment Periods Continuous for new members; February/March for existing members changing from non-drug to drug product

Plan Model: Independent Practice Association (IPA)

Plan Contract with Medicare: Premium Discount Program? Risk

	No	\$10 All	Yes	\$5	\$170	w/ drug & dental	1-800-448-4481
	No	\$10 AII	Yes	\$5	\$124	w/ drug benefit	Warwick, RI 02886-1392
	No	1	No	\$5	\$46	w/ dental	475 Kilvert St., Suite 310
,	No	1	No	\$5	\$0	Medicare Plus	of New England, Inc.
Z.	No	1	No	\$15	\$0	Medicare Complete	United HealthCare

Premium by Geographic Area? No

1997 Open Enrollment Periods Continuous for new members; February/March for existing members changing from non-drug to drug product

Plan Model: Independent Practice Association (IPA)

Plan Contract with Medicare: Risk

Premium Discount Program?

Please Note: Rates Pending Federal Approval and Division of Insurance Review Approved Medicare HMO Plans for Sale on or after January 1, 1997

	HMO	The state of the s
Plan Name	Plan Name	
Premium	Monthly	The state of the s
Visit Copay	Office	A. S. S. S. S. S.
Drug Benefit	Prescription	Outpatient
Drug Copay	Prescription	Outpatient
Drug Benefit	Mail-Order Mail-Ord	
Drug Copay	Mai	

	Control of the last	1-800-233-3105	Burlington, MA 01803	3 Burlington Woods Drive	U.S. Healthcare, Inc.
with drug benefit	Medicare X	with drug benefit	Medicare V	with drug benefit	Medicare Premier
\$59	\$0	\$69	\$10	\$99	\$40
\$10	\$10	\$5	\$5	\$2	\$2
Yes	No	Yes	No	Yes	No
\$10 All	-	\$10 All	1	\$10 All	
No	No	No	No	No	No
1	1	1	1	1	-

Premium by Geographic Area? No

1997 Open Enrollment Periods Continuous for new members; February/March for existing members changing from non-drug to drug product

Independent Practice Association (IPA)

Plan Model: Plan Contract with Medicare: Risk

Discount Program?

** Medigap Policies Only Available for Sale Through January 31, 1997 **

ı	Desira, NL 88175		Company	
	Modicine Droptoment Block	THE PERSON NAMED IN COLUMN 1	Plan	
			Plan Name	
Mare	Date.	List	Monthly	
репен	Ronofit	Drug	Prescription	Outpatient
репеп	Danofit	Drug	y Prescription Mail-Order	
Copay	Canal	Drug	Mail-Order	

Premium by Geographic Area? No NOTE: Proposed new monthly rate for Medicare Supplement 2 is \$226.44. NOTE: Proposed new monthly rate for Medicare Supplement 2 is \$226.44. NOTE: Premium discount for automatic bank withdrawal program. Outpatient prescription drug benefit is offered through a statewide network of pharmacic	Bankers Multiple Line Insurance Company will not offer the following plans to new policyholders Bankers Multiple Line Insurance Company Soo N. Akard Street Dallas, Texas 75201 1-800-643-9917 Core Medicare Supplement 2 Medicare Supplement 2 Medicare Supplement 2 Medicare Supplement 2 Medicare Supplement 2
new monthly r. Supplement 2 Supplement 2 discount for aut Outpatient pres rough a statewic	yholders 61 No 15 No 34 Yes
ate for is \$226.44. cription drug the network of particular is seen to be a seen t	No No Yes
ithdrawal cenefit is charmacies.	 \$8 Generic \$15 Brand

** Medigap Policies Only Available for Sale Through January 31, 1997 **

		Company	
		Plan	
		Plan Name	
Rate	Liet	Monthly	The same
Benefit	Dring	Monthly Prescription Mail-Order N	Outpatient
Benefit	Drillo	Mail-Order	
Copay	Drug	Mail-Order	

Premium by Geographic Area? 1997 Open Enrollment Periods: Available through associations only? Premium Discount Program? No	Mutual of Omaha Life Insurance Core Medicare Supplement 1 Omaha, NE 68175 Medicare Supplement 2 1-800-995-9163	Mutual of Omaha will not offer the following policies after will renew all existing Medigap policies after that date.
WARY 1997	ent 1 Medicare Supplement 1 ent 2 Medicare Supplement 2	cies after 1/31/97, but date.
	\$43.12 \$79.69 \$166.00	Contract of the last
	No No Yes	September 1
	No No	September 1
	111	appropriate of

Premium by Geographic Area? 1997 Open Enrollment Periods: Available through associations only? No	New York Life InsuranceCcreCore\$43.123316 Farmam StreetMedicare Supplement 1Medicare Supplement 1Medicare Supplement 2Medicare Supplement 2\$79.691-800-995-7445Medicare Supplement 2Medicare Supplement 2Medicare Supplement 2\$166.00	New York Life will not offer the following policies after 1/31/97, but will renew all existing Medigap policies after that date.
	No Yes	Tana .
	N N N	

HMO Suspended from Offering Medicare Plans for Coverage Beginning March 8, 1996 Massachusetts Health Insurance for People with Medicare **Because of HCFA Intermediate Sanctions**

	НМО
	Plan Name
Premium	Monthly
Visit Copay	Office
Drug Benefit	Outpatient Prescription
Drug Copay	Outpatient Outpatient Prescription Prescription Mail-Order Mail-O
Drug Benefit	Mail-Order
Drug Copay	Mail-Order

HMO Blue 100 Summer Street Boston, MA 02110	Blue Care 65 Value Blue Care 65 Value Plus	\$0 to \$30 \$65 to \$95	\$5	No Yes	Health Center: \$5 All	No Yes	\$5 Generic \$10 Brand
1-800-678-2265					or		
					Retail Pharm:		
					\$5 Generic		
Premium by Geographic Are	Premium by Geographic Area? Yes, premium based on where one lives	re one lives		2	\$10 Didila		

1997 Open Enrollment Periods Continuous for new members; February/March for existing members changing from non-drug to drug product

Plan Model: Group, Staff, and Independent Practice Association (IPA)

Premium Discount Program? Plan Contract with Medicare:

*** This product cannot be offered beginning March 8, 1996 because of federal HCFA intermediate sanctions. Contact HMO Blue for more information.

STREET OF DESIGN WITH SOCIOTES AND ADDRESS OF THE STREET, SALES